A							Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003						10224642					
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS	70				Έ	FEE	1	RATE	FEE	İ	
FOR	NUMBER FIL	ED NUME	NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLA	IMS Pminus	20= - C	. 0		9=		OR	XS18=		I	
INDEPENDENT CLAIMS	2 minu:	53= 0	· 0				OR	X86=		İ	
MULTIPLE DEPENDENT CLAIM PRESENT				-	-		1				
• If the difference in column 1 is less than zero, enter			column 2	+14	-4		OR	+290=	21_1	l	
CLAIMS AS AMENDED - PART II					AL [OR	TOTAL	370		
4/28/06 (Colum		PAH I II (Column 2)	(Column 3)	SMA	LL E	NTITY	OR	OTHER		•	
Total Independent	AS IING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total •	Minus -	. 20	. /	XS	=		OR	X\$18=			
Independent • 2	Minus +	. 3	-/	X43			OR	X86=			
FIRST PRESENTATION	OF MULTIPLE DEPEN	IDENT CLAIM			4			√290=		}	
				149	TAL		OR	TOTAL		ł	
10/10/06 (Cotum				ADDIT.		<u> </u>	OR,	ADDIT. FEE	<u>.</u>	f	
CLAIA		Column 2) HIGHEST	(Column 3)	-		A001			ADDI-		
REMAIN AFTE AMENDA Total Did Independent Did Total Did T	R 1	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	- 4	ADDI- TIONAL FEE		RATE	TIONAL FEE		
Total • 20	Minus	. 20		X\$ 9	=		OR	X\$18=			
Independent .		* 3	- 3	X43	. 1		OR	X86=	100.	W	
FIRST PRESENTATION	OF MULTIPLE DEPEN	DENT CLAIM	لـــــــــــــــــــــــــــــــــــــ	+145	.		OR	+290=		1	
	•				TAL		OR	TOTAL	10/11)	(1)	
(Cal	- 43			ADDIT. I	EE L		,	ADDIT. FEE	1000		
(Colum		Column 2) HIGHEST	(Column 3)	<u>,</u>		ADD:	1		AD04	1	
C 4/35/14 REMAIN AFTE AMENDA	R F	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	_ 1_	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
Total - C	Minus ••	. 20		X\$ 9	.†	, ce	OR	X\$18=	FIE	1	
Independent •	Minus -	- 0	•	X43				X86=		1.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-		OR	V002		ł	
					-		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20."					AL EE		OR	TOTAL ADDIT, FEE]	
***If the "Highest Number Previo	Date Cart IN THIS CO			.ADDIT. F						1	

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